

CITY OF COSTA MESA BUILDING SAFETY DIVISION  
**UNREASONABLE HARDSHIP FINDING**  
Valuation below \$156,162 (Section 11B-202.4.8, 2016 CBC)

**PROJECT INFORMATION**

**P.C. NO.** \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

PROJECT DESCRIPTION: \_\_\_\_\_

TYPE OF FACILITY: \_\_\_\_\_ PROJECT VALUATION: \_\_\_\_\_

**FINANCIAL HARDSHIP**

The Title 24 accessibility improvements create the following impact on the financial feasibility of the project:

- ☐ Delays project, loan must be renegotiated.
- ☐ Project would be abandoned, insufficient funds.
- ☐ Other: (Explain) \_\_\_\_\_

**ACTUAL COST**

Cost of accessibility features outside the area of remodel, repair, or addition required for full compliance:

- |  |          |
|--|----------|
| <input type="checkbox"/> Path of travel to entrance _____              | \$ _____ |
| <input type="checkbox"/> Entrance ramp _____                           | \$ _____ |
| <input type="checkbox"/> Path of travel within building facility _____ | \$ _____ |
| <input type="checkbox"/> Sanitary facilities _____                     | \$ _____ |
| <input type="checkbox"/> Drinking fountains and telephones _____       | \$ _____ |
| <input type="checkbox"/> Other _____                                   | \$ _____ |

The accessibility features increase construction costs by: \_\_\_\_\_ %      **TOTAL**      \$ \_\_\_\_\_

**EXPENDITURES (Minimum of 20% of project valuation = \$ \_\_\_\_\_)**

Specify access features provided and cost – access priorities should be provided in the following order:

- |   |          |
|---|----------|
| 1. Accessible entrance: _____   | \$ _____ |
| 2. An accessible route to the altered area: _____                     | \$ _____ |
| 3. At least one accessible restroom for each sex: _____               | \$ _____ |
| 4. Accessible telephones and drinking fountains: _____                | \$ _____ |
| 5. Additional accessible elements – (parking, storage, alarms): _____ | \$ _____ |
| <b>TOTAL</b>  | \$ _____ |

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

BY DESIGN PROFESSIONAL OR PROPERTY OWNER

Firm/Address: \_\_\_\_\_

\_\_\_\_\_

MUST BE APPROVED BY BUILDING PLAN CHECK OR PLAN CHECK CONSULTANT

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_